



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Public Health

**APPLICATION FOR / RENEWAL OF A PERMIT TO OPERATE
RECREATIONAL CAMPS**

This application must be completed for each new recreational camp or an existing recreational camp. Return this application to the Environmental Health Field Service in the county in which the camp is located, and please make a photocopy for your records.

AN APPLICATION MUST BE SUBMITTED FOR EACH CAMP AT LEAST 30 DAYS PRIOR TO OPERATING CAMP.

INCOMPLETE APPLICATIONS MAY BE RETURNED. PLEASE PRINT OR TYPE.

Environmental Health Field Services
2055 Limestone Rd Suite 100
Wilmington DE 19808
Phone: 302-995-8650
Fax: 302-995-8323

Environmental Health Field Services
Thomas Collins Building Suite 5
540 S DuPont Highway
Dover DE 19901
Phone: 302-744-1220
Fax: 302-739-1957

Environmental Health Field Services
Georgetown Service Center
544 Bedford St.
Georgetown DE 19947
Phone: 302-856-5496
Fax: 302-856-5065

NAME OF CAMP: _____

LOCATION: _____

ADDRESS: _____

PHONE: _____

OPERATED BY: _____

(List name of individual, club, corporation, etc.)

OPENING DATE: _____ CLOSING DATE: _____

DIRECTOR: (Full name): _____ EMERGENCY PHONE #: _____

TYPE OF CAMP PERMIT REQUESTED: _____ DAY _____ PRIMITIVE

_____ HOSTEL _____ RESIDENTIAL _____ TRAVEL _____ TROOP

REQUESTED CAPACITY: _____ PERSONS AND / OR CAMPSITES: _____

DO YOU PLAN TO OPERATE IN SESSIONS: YES _____ NO _____

IF YES, NUMBER: _____ AND LENGTH OF SESSIONS: _____

NUMBER OF STAFF: _____

OVER 18: MALE _____ FEMALE _____ # UNDER 18: MALE _____ FEMALE _____

■Has any member of the Staff or operation ever been convicted of a Felony or Class "A" Misdemeanor? YES _____ NO _____

If YES, identify Type of Offense, Date, Location and name of Person Convicted.

TYPE OF FACILITIES: PERMANENT BLDGS _____ TENTS _____ OTHER _____

NUMBER OF TOILET FACILITIES: MALE _____ FEMALE _____

NUMBER OF SHOWER FACILITIES: MALE _____ FEMALE _____

In accordance with State of Delaware Regulations Governing the Sanitation of Recreational Camps adopted under Title 16 Del. C. Section 122, I, the undersigned, hereby make application for permit to operate a recreational camp.

SIGNATURE _____ DATE _____

PRINTED NAME _____

OFFICIAL USE ONLY

PERMIT RECOMMENDED: ANNUAL _____ PROVISIONAL _____ CAPACITY _____

EHFS SUPERVISOR: _____ DATE: _____

HSP PLAN REVIEW ACTION: APPROVED _____ DISAPPROVED _____ DATE: _____

ADMINISTRATOR: _____ DATE: _____

PERMIT NUMBER: _____ DATE ISSUED: _____ TYPE: ☐ ANNUAL ☐ PROVISIONAL 02/07